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ABSTRACT

This study examined a wide variety of issues related to paraprofessional homecare work, including the background of the workforce and a profile of the client population. It specifically investigated the components of homecare work associated with job satisfaction. Interviews were conducted with 306 home attendants and 181 home health aides employed by agencies under contract to the Human Resources Administration in New York City. A variety of standardized scales were used to measure characteristics of the worker, the client and the job, and the nature and extent of job-related strain and job satisfaction. Results indicated that financial remuneration was the most important factor related to job satisfaction among homecare workers. Fringe benefits, particularly health and pension coverage were also found to play an important role. The level of job satisfaction was also significantly related to the characteristics of the job, the workers' sense of self, and the nature of their relationships with clients and family members. Negative effects on satisfaction included harassment by clients or families, lack of equipment, dangerous environmental conditions, and problems with transportation or child care. Lack of overtime for weekend work was also noted, as well as dissatisfaction from excessive work demands. The domain of relationships between workers and clients or family members also had a significant role in job satisfaction. (LLL)

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Correlates of Job Satisfaction
Among Homecare Workers in New York City

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The ability to deliver homecare services to frail elderly and the disabled of all ages is vital to an effective long-term care system. Central to this ability is the capacity of the homecare industry to recruit and retain a steady pool of paraprofessional workers willing to provide personal and instrumental assistance to homebound individuals. Recruiting workers for a particular job and keeping them employed for any length of time is dependent, to great extent, upon the degree of satisfaction the work provides. Thus, in homecare, as in any other type of work, knowledge about those aspects of the job which are particularly burdensome or particularly rewarding is vital to maintaining a workforce, and factors related to job satisfaction are paramount.

Unfortunately, very little is known about what contributes to job-related strain or job satisfaction in paraprofessional homecare work. In fact, remarkably little is known about paraprofessional homecare workers in general. In an effort to begin to remedy this situation, a study of these workers in New York City was undertaken with funding from the United Hospital Fund of New York and Morgan Guaranty Trust Company. Entitled "Stress and Strain Among Homecare Workers of the Frail Elderly", this study examined a wide variety of issues related to paraprofessional homecare work, including the background of the workforce and a profile of the client population, and focusing, to a great extent, on job satisfaction. Specifically, it sought to determine which components of homecare work are associated with job satisfaction, and what is the relative importance of each.

Method

The sample for this study was chosen so as to represent the population of homecare workers employed by agencies under contract to the Human Resources Administration in New York City, the largest homecare program in the country. Workers with the job title of home attendant and home health aide were included in the sample.

To obtain a sample of home attendants, a multi-stage stratified selection of agencies was made. Only those agencies which employ these workers as part of the Medical Assistance Program were included. Agencies were chosen based on size and geographical location, and the resultant sample consisted of seven agencies whose caseloads ranged in size from 200 to 1000 clients, and represented all the boroughs of New York City except Staten Island. All agencies were not-for-profit.

The sampling frame for home health aides consisted of the two major vendor agencies in the city with contracts with the Human Resources Administration. One agency was the proprietary arm of a large, not-for-profit community health agency, and the second was a voluntary non-sectarian agency.

The same sampling plan was used for the selection of both home attendant and home health aide participants. Respondents were selected randomly from bi-weekly payroll sheets provided by each agency, with the number of workers chosen proportional to the agency's size. In addition to the primary sample, a back-up sample from each agency was also drawn to replace workers who were no longer employed, could not be contacted, or who refused to

participate. It should be noted that many potential respondents were unable to be located at the address and/or telephone numbers they had listed with their agencies. It was felt that those workers were most likely the more transient component of the homecare worker population, representative of those who entered and left the field in a relatively short period of time. Thus, our final sample, which consisted of 306 home attendants and 181 home health aides and had a 75% response rate, was skewed toward the more stable core of the workforce. Nonetheless, we felt these workers could provide us with valuable information.

Measures Utilized

The interview schedule consisted of a total of 124 questions, including both single items devised just for this study, and a variety of standardized scales. The schedule encompassed several broad content areas, including the characteristics of the worker, the client, and the job, and the nature and extent of job-related strain and job satisfaction.

Sociodemographic items and standard measures of physical and mental health were used to assess the personal characteristics of the workers. These included measures adapted from the Havighurst Life Satisfaction Index, the Michigan Efficacy Scale, and the Langner 22-Item Mental Health Inventory. In addition, a scale constructed earlier by the Principal Investigator (Cantor, 1983) and used subsequently in the National Long-term Care Channeling Demonstration (Mathematica, 1986) was utilized to assess the level of job-related strain.

Relationships between workers and their clients and workers and their clients' families were measured via scales which assessed the perception workers had of these relationships. The number and nature of tasks performed by workers were determined by newly-constructed scales which assessed the degree to which workers performed these tasks for their clients. Finally, attitudes toward the job itself were measured using previously established scales of job satisfaction.

Data Collection and Analysis

Data were collected by interviewers fluent in English, Spanish, and Creole during the Fall and Winter of 1987-88. Face-to-face interviews of approximately two hours duration were conducted in the respondents' homes or another site of their choice.

In order to determine the unique and relative importance of those characteristics of the worker, the client, and the job associated with job satisfaction, a series of hierarchical regressions were performed. A measure entitled "Overall Job Satisfaction" was used as the dependent variable, against which ten sets of variables were regressed. These sets, which included 30 individual variables, represented conceptual domains hypothesized as important determinants of job satisfaction for paraprofessional homecare workers. The domains and the order in which they were introduced into the regression model are as follows:

- 1) the self concept of the worker, which incorporated both self esteem and efficacy
- 2) job-related strain (i.e., physical and emotional strain resulting from the job)

- 3) job-related financial strain
- 4) demographic characteristics of the worker, including marital status, age, race, perceived adequacy of income, and level of education
- 5) the worker's health status and functional literacy status
- 6) negative client behaviors
- 7) living arrangements of clients (i.e., alone or with others)
- 8) relationships with clients and families
- 9) job characteristics, including hours worked per week, ability to socialize with the client, adequacy of training, performance of personal care tasks, performance of instrumental tasks, problems on the job, length of time with the agency, problems with pay, satisfaction with fringe benefits, medically-oriented tasks, and job harassment--a scale assessing the degree to which workers experienced negative treatment at the hands of clients or families
- 10) extent of informal support received by workers from kin, friends, and neighbors

Findings

Almost one-third of the variance in job satisfaction score was explained by the 10 sets of predictors listed above. The two variables accounting for most of the variance were financial strain experienced as a result of the job, and the set incorporating the structural characteristics of the job. Each of these contributed nine percent to the total variance. Personality characteristics of the workers--their sense of self, feelings of well-being and ability to affect their environment--were the next most important factor. This set accounted for four percent of the total variance. Two other domains, the demographic characteristics of the workers and the nature of relationships between workers and clients and

workers and family members, were next in importance. Again, each contributed three percent of the variance in job satisfaction scores. The remaining four sets in the model, taken individually or together, added relatively little variance. Thus, job-related strain, client characteristics (including living arrangements and extent of disruptive behaviors), health status and functional literacy of the workers, and the extent of informal supports received by workers from kin, friends, and neighbors, when taken together, accounted for only two percent of the explained variance.

Discussion

What are the factors suggested by the regression model as the most important predictors of job satisfaction? Not surprisingly, the issue of wages and benefits is paramount. Thus, a substantial proportion of the total variance in job satisfaction scores is explained by the reported level of financial strain (9% of the variance). Furthermore, in two other domains, demographic characteristics of workers and job characteristics, the importance of satisfaction with wages and benefits is evidenced. The strongest predictor in the set of demographic characteristics is how well the workers feel they can manage on their current household income, while in the domain of job characteristics, satisfaction with benefits is highly significant in explaining the variance contributed by the set of job factors. While workers may derive a great deal of satisfaction from the work they do, such satisfaction does not pay the bills or feed a family. Thus, while other factors may, to a degree predict how satisfying a job may be,

all things being equal, financial remuneration is the first order of importance. Furthermore, fringe benefits, particularly health and pension coverage, play an important role in creating satisfaction or dissatisfaction among homecare workers as they do with workers in general.

This does not mean that other factors do not affect job satisfaction. In fact, the level of job satisfaction is also significantly related to the characteristics of the job, sense of self (i.e., self-concept) of the workers and the nature of their relationships with clients and family members. Thus, the structural components of the job, including particularly the amount of work performed, and the problems encountered in attempting to perform the job, are also strong predictors of satisfaction with the homecare job. In fact, taken as a group, working conditions account for the same amount of variance as financial job strain (9% of the variance). In effect, then, these must be seen as dual paths toward satisfaction with the job, and one is probably not possible without the other.

In the job domain there are a variety of issues which contribute to or diminish satisfaction. When bivariate analyses were performed between job satisfaction and other variables in the study, the adequacy of supervision was found to be important, as were work schedules which take workers personal needs into account. The findings with respect to the regression emphasize the negative effects on satisfaction of a series of job-related problems including harassment by clients or families, lack of equipment,

dangerous environmental conditions in clients' homes or neighborhoods, and problems with transportation or child care.

The final variable worth noting in the job domain is a particularly interesting one. Although some tasks are considered particularly onerous and engender greater strain, the total amount of work demanded is significant with respect to job satisfaction. Thus, if workers are called upon to do too much in the time allotted, or pressured by clients and/or families to perform tasks not within the scope of the job, satisfaction is affected. Furthermore, it is likely that the significance of the "totality of work" in influencing job satisfaction also encompasses the feelings of workers regarding lack of compensation for extra work and overtime for weekend work, as well as the more obvious dissatisfaction from excessive work demands as such.

And finally, most likely because homecare work is so personal in nature and often involves intimate relationships between workers and clients and workers and family members, the domain of relationships makes a significant unique contribution to job satisfaction.

What is perhaps somewhat surprising is the relative lack of importance of job-related strain in determining perceptions of satisfaction with the homecare job. The measure of job-related strain was a composite of physical and emotional strain experienced as a result of the homecare job. Two possible explanations for the relatively minor importance of job-related strain with respect to job satisfaction are suggested. On the one hand, some of the variance may be absorbed by other variables, particularly those in

the job domain. But, probably the most important explanation is the fact that job-related strain was not pervasively reported by the worker, and the variance in strain scores was relatively minimal.

Unlike informal caregivers, paid homecare workers apparently do not experience unremitting physical or emotional pressures. Physically taxing personal care activities such as washing, bathing, lifting, etc., are an important part of the assistance provided by families to very frail or disoriented elderly. Among the current sample of homecare workers, however, not all workers were involved in personal care, and the instrumental care provided by virtually all workers, although ongoing, is probably far less physically taxing. Furthermore, the level of emotional strain is not as constant or difficult to handle in the case of homecare work. Paraprofessional homecare workers can emotionally distance themselves from those for whom they provide care. Although in many cases they develop close relationships with clients, they are not still family members and the amount of physical and particularly emotional strain experienced by paid workers is therefore far less than that reported by kin and even close friends. Job-related strain may impact long-range "burnout" and willingness to continue as a homecare worker, but it is not as important as other factors in explaining job satisfaction.

Implications

What does all this mean? Obviously, there are steps that can be taken to make paraprofessional homecare work more attractive, and enhance the job satisfaction of those employed in it. One issue which begs for attention is that of wages and benefits. As Rosalie Kane (1989) has reminded us, the homecare industry is built on a "poorly-paid, poorly-benefitted, and poorly-trained labor force". How long can a structure which rests on a weak and shaky foundation be expected to stand? Clearly, system-wide changes must be made with respect to the wages paid to paraprofessional workers in homecare if we are to attract and retain quality workers to this field. Our findings suggest further that fringe benefits, particularly health and pension coverage, play an important role in creating satisfaction or dissatisfaction among homecare workers as they do with workers in general.

Job-related issues are an equally high priority. Findings in this area suggest that dissatisfaction is engendered when workers feel trapped in a dead-end job. The development of some type of career ladder would be helpful here. Potential applicants for homecare jobs could then view employment in home care as an opportunity for growth and advancement in the healthcare field.

Other factors which affect job satisfaction in a negative fashion were found in an index of job-related problems. Included among them were harassment by clients or families, lack of equipment, dangerous environmental conditions in clients' homes or neighborhoods, and problems with transportation or childcare.

These are issues that can only be addressed when there are clear lines of communication between workers in the field and agency-based staff. This underscores the need for adequate supervision in order that workers are assured a work environment in which they can function at the highest possible level.

Issues of relationships also come into play. Since homecare work is so personal in nature and often involves intimate contact between worker and client and close interaction between workers and family members, it was not surprising to find that domain of relationships making a significant unique contribution to job satisfaction. This is not an easy area in which to intervene, but based upon experiences here and in other countries, there are actions which may be taken to minimize friction and enhance relationships. The use of a social compact in which the duties and responsibilities of each member of the caregiving triad--worker, client, and family members--are delineated might be helpful here. Ongoing support groups where mutual problems are discussed have proven to be of considerable help to informal family caregivers, and might prove beneficial to paid caregivers as well. (However, the marginal economic status of these workers requires that they should receive financial compensation for time spent participating in these groups.)

Finally, it should be noted that these system-wide and agency-specific interventions are not the entire solution. In the course of data collection for this study, workers spoke at length about their desire to be recognized as important members of the

health care team. More attention needs to be paid to workers' feelings, their sense of self-respect, and the importance of their role as health care workers. This necessitates the education of our society to the vital role these workers play in our health care system, and the devoted service provided by vast numbers of paraprofessional homecare workers. In concert with adequate pay and decent working conditions, the public's recognition of the value of paraprofessional homecare work can do much toward enhancing the role of these workers and, concomitantly, the job satisfaction they experience.

References

- Cantor, M. H. (1983). Strain Among Caregivers: A Study of Experience in the United States. Gerontologist 23, 597-604.

SELECTED VARIABLE SETS CONTRIBUTING TO
JOB SATISFACTION EXPERIENCE BY
HOMECARE WORKERS
(Hierarchical Multiple Regression Model)

<u>Variables</u>	<u>Beta</u>	<u>Proportion of Variance Accounted For</u>	<u>Cumulative R²</u>
<u>Self Concept</u>		.04	.04
Esteem	.11*		
Efficacy	.06		
<u>Job-Related Strain</u>	-.03	.01	.05
<u>Job-Related Financial Strain</u>	.24*	.09	.14
<u>Demographic Characteristics of Workers</u>		.03	.17
Married	.03		
Worker Age	.04		
Race - Black	.07		
Adequacy of Income	.08*		
Level of Education	.05		
Race - Hispanic	.11		
<u>Workers' Health and Functional Literacy</u>		.01	.18
Workers' Health	-.01		
Functional Literacy	.07		
<u>Negative Client Behaviors</u>	-.03	.00	.18
<u>Clients Living Arrangements</u> (client living alone)	.03	.00	.18
<u>Relationships</u>		.03	.21
Family Acceptance	.05		
Worker/Client Affectivity	.13*		
<u>Job Characteristics</u> ¹		.09	.30
Hours Worked Per Week	.04		
Socializing With Client	.06		
Adequacy of Training	.07		
Performance of PADLs	-.07		
Performance of IADLs	-.12*		
Problems On The Job	-.18*		
Length of Time With Agency	.03		
Problems With Pay	-.06		
Satisfaction With Fringe Benefits	.15*		
Medically Oriented Tasks	-.07		
Job Harassment	-.04		
<u>Worker Support From Informal Networks</u>		.00	.30
Support From Non-Relatives	-.01		
Support From Relatives	-.04		
Support From Adult Children	.03		

Total variance explained: 30%

*Betas significant at .05 level or higher.

1. Attitude toward Supervisors was eliminated from the Job Characteristics domain due to its high intercorrelation with Adequacy of Training.

Source: Cantor and Chichin
"Stress and Strain Among
Homecare Workers of the
Frail Elderly"
Third Age Center/Fordham University
1990